

## General

### Title

Health plan members' satisfaction with care: parents'/caretakers' ratings of the specialist their child saw most often.

### Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 3, specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

## Measure Domain

### Primary Measure Domain

Clinical Quality Measures: Patient Experience

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

The CAHPS Health Plan Survey 5.0H, Child Version provides information on parents'/caretakers' experience with their child's health plan. Results summarize member experiences through ratings, composites and individual question summary rates.

Four global rating questions reflect overall satisfaction:

Rating of All Health Care  
Rating of Personal Doctor  
Rating of Specialist Seen Most Often  
Rating of Health Plan

For this "Rating of Specialist Seen Most Often" measure, parents/caretakers rate the specialist their child saw most often in the last 12 months on a scale from 0 to 10, where 0 is the "worst specialist possible" and 10 is the "best specialist possible".

## Rationale

The National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement (CPM) has long felt that consumer experience with health care is a critical component of quality of care, that experience affects care outcome—and that experience is itself a measure of outcome. Survey results give health plans the opportunity for continuous improvement in member care.

## Evidence for Rationale

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 3, specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

## Primary Health Components

Specialist health provider; member satisfaction; children

## Denominator Description

Eligible members age 17 years and younger whose parent/caretaker answered the "Rating of Specialist Seen Most Often" question on the CAHPS Health Plan Survey 5.0H, Child Version (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

Parents'/caretakers' ratings of the specialist their child saw most often in the last 12 months on a scale from 0 to 10, where 0 is the "worst specialist possible" and 10 is the "best specialist possible" (see the related "Numerator Inclusions/Exclusions" field)

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

### Additional Information Supporting Need for the Measure

Unspecified

## Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

## Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

Managed Care Plans

### Professionals Involved in Delivery of Health Services

not defined yet

### Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

### Statement of Acceptable Minimum Sample Size

Specified

### Target Population Age

Age less than or equal to 17 years

## Target Population Gender

Either male or female

# National Strategy for Quality Improvement in Health Care

## National Quality Strategy Aim

Better Care

## National Quality Strategy Priority

Health and Well-being of Communities

Person- and Family-centered Care

# Institute of Medicine (IOM) National Health Care Quality Report Categories

## IOM Care Need

End of Life Care

Getting Better

Living with Illness

Staying Healthy

## IOM Domain

Patient-centeredness

# Data Collection for the Measure

## Case Finding Period

The measurement year

## Denominator Sampling Frame

Enrollees or beneficiaries

## Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

## Denominator Time Window

not defined yet

## Denominator Inclusions/Exclusions

### Inclusions

Eligible members age 17 years and younger whose parent/caretaker answered the "Rating of Specialist Seen Most Often" question on the CAHPS Health Plan Survey 5.0H, Child Version. Include nonresponses.

Note:

*Eligible Population:* Members age 17 years and younger as of December 31 of the measurement year, who were continuously enrolled in the health plan during the measurement year (commercial) or the last 6 months of the measurement year (Medicaid), and currently enrolled at the time the survey is completed.

*Allowable Gap:* No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid member for whom enrollment is verified monthly, the member may not have had more than a 1-month gap in coverage.

Nonresponses:

- Incomplete

- Refusal

- After maximum attempts

- Bad address

- Bad address *and* nonworking/unlisted phone number or member is unknown at the dialed phone number

### Exclusions

Members assigned one of the following final disposition codes of "Ineligible":

- Deceased

- Does not meet *eligible population* criteria

- Language barrier

- Removed from sample during deduplication

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

### Inclusions

Parents'/caretakers' ratings of the specialist their child saw most often in the last 12 months on a scale from 0 to 10, where 0 is the "worst specialist possible" and 10 is the "best specialist possible"

A rating mean and variance are calculated after recoding individual member responses to a score value of 1, 2, or 3. A higher rating mean is associated with better quality.

Two question summary rates and question summary rate variances are calculated for each rating question.

Question Summary Rate (8+9+10) and Question Summary Rate Variance (8+9+10) are calculated using Score Values (8+9+10)

Question Summary Rate (9+10) and Question Summary Rate Variance (9+10) are calculated using Score Values (9+10)

Note: A questionnaire must have the final disposition code of "Complete and Valid Survey" for inclusion in the survey results calculations.

Refer to the original measure documentation for additional details.

### Exclusions

Unspecified

## Numerator Search Strategy

Fixed time period or point in time

## Data Source

Administrative clinical data

Patient/Individual survey

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

CAHPS Health Plan Survey 5.0H, Child Questionnaire

## Computation of the Measure

### Measure Specifies Disaggregation

Does not apply to this measure

## Scoring

Composite/Scale

Mean/Median

Rate/Proportion

## Interpretation of Score

Desired value is a higher score

## Allowance for Patient or Population Factors

not defined yet

## Description of Allowance for Patient or Population Factors

This measure requires that results are reported separately for the commercial and Medicaid product lines.

## Standard of Comparison

not defined yet

# Identifying Information

## Original Title

Rating of specialist seen most often.

## Measure Collection Name

HEDIS 2016: Health Plan Collection

## Measure Set Name

Experience of Care

## Measure Subset Name

CAHPS Health Plan Survey 5.0H, Child Version

## Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

## Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

## Funding Source(s)

Unspecified

## Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

## Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

## Adaptation

This measure was adapted from the CAHPS 5.0 Health Plan Survey (Child Questionnaire).

## Date of Most Current Version in NQMC

2015 Oct

## Measure Maintenance

Unspecified

## Date of Next Anticipated Revision

Unspecified

## Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 3, specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

## Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#)

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For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org) .

## Companion Documents

The following is available:

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org) .

## NQMC Status

This NQMC summary was completed by ECRI on March 28, 2007. The information was not verified by the measure developer.



This NQMC summary was updated by ECRI Institute on March 17, 2008. The information was verified by the measure developer on April 24, 2008.

This NQMC summary was updated by ECRI Institute on February 6, 2009. The information was verified by the measure developer on May 12, 2009.

This NQMC summary was updated by ECRI Institute on April 30, 2010, August 4, 2011, November 9, 2012, August 1, 2013, April 8, 2014, May 12, 2015, and again on March 15, 2016.

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## Production

### Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 3, specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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